Arkansas
Department of Human Services

ARKANSAS DEPARTMENT OF Health
Keeping Your Hometown Healthy

Arkansas Early Childhood Comprehensive Systems Initiative

JOINT MEETING: Medical Home and Social-Emotional Health Work Groups

June 2, 2005, 1 p.m. – 3:45 p.m.

Members Present: Patti Bokony, Dr. Buchanan Buchanan, Laura Butler, Stevie Cherepski, Bruce Cohen, Jannie Cotton, Jan Cox, Dana Gonzales, Richard Hill, Frances Lawson, Carol A. Lee, Tabitha Lee (representing Peggy Starling), Lynn Lincoln, Sherri Jo McLemore, Sharon Mitchell, Richard Nugent, Delores Pinkerton, Jane Prince, Martha Reeder, Rhonda Sanders, and Paula C. Watson.

Regrets: Rachel Bowman, Deborah Gangluff, Anna M. Huff, Eduardo R. Ochoa, Kellie Phillips, Belinda Sanders, Kathy Stegall, Ratha Tracy, and Douglas Williams

Self-introductions were made by those in attendance. A welcome and an overview of share goals was given by Bruce Cohen. The current Logic Models for each Work Group was reviewed.

Agenda Item #1: Health Department – Shared Goal – Maternal Depression - R. Nugent

Discussion: Dr. Nugent spoke about the Health Department's Block Grant planning and workshop information that related to both work groups' shared interest. He presented the Zero to Three Power-Point focusing on maternal depression and the impact on infant mental heath, which relates to the Strengthening Families Initiative (SFI). He mentioned the UAMS Department of OB/GYN Angels program which is reaching out through tele-video linking to provide training for OB doctors about issues related to maternal depression.

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Dr. Nugent also shared information about stake-holder feedback about Maternal and Child Health Needs Assessment.

Martha sees lots of overlap in what they did and our planning efforts. Patti talked about Parent-Child Interaction, an evidence-based model for improving parent-child interactions, as a way to address what Dr. Nugent presented.

Agenda Item #2: Shared Goal – Communication Triangle

Discussion: Martha spoke about the lack of communication between the family, early care givers/provider, and primary care physician (medical professional). This triangle has been talked about a lot in both groups. Generally, the gist is that there is a lack of communications between the points of the triangle. Lack of communication may create frustration.

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There are good things going on in all of these groups, but they are not necessarily communicating with each other.

Discussion began about bringing the three groups together to discuss the issues. Dr. Nugent suggested starting small and going from there.

Agenda Item #2, Continued: Shared Goal – Communication Triangle

Discussion: Dr. Buchanan spoke about the national meeting that he attended related to this topic. The American Academy of Pediatrics has identified Dr. Buchanan as the state representative in this area. He wrote an article about the meeting and put it in the state newsletter.

The meeting was divided into three tracks. One was aimed at Population. One was child health care consultants. Dr. Buchanan mentioned an effort to get Child

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Health Care Consultants implemented in Arkansas—the effort was suppose to make that happen but it did not. Arkansas does not have this person. It has been successfully implemented in other states. Dr. Buchanan attended the track to advocate at state and local levels. There is a need for more professional relationships between programs.

Dr. Buchanan picked up a book: Managing Infections in Child Care Centers. This book should be available to all child care centers.

Agenda Item #3: Shared Goal – Screening – Assessment Tools

Discussion: Dr. Buchanan cautioned that screening without something to do afterwards is not useful. He has one particular tool that he has selected. It was also noted that trying to see the Medical Home concept is complicated by the lack of understanding of the medical home concepts and language.

Dr. Eldon Schulz was planning to come to discuss various screening tools but could not make it. He sent a six- page summary of screening tools but his information was not available for this meeting. He identified some of the characteristics of some of the screening tools that are good. Martha will share with the group later. He suggested that the group look for ones that are easy to use. The next steps are needed and follow up is needed to make sure that the child receives proper care. Some states have changed EPSDT payments to promote more screening. To be successful ultimately, the group needs to recommend one.

Patti gave the web address for a site that describes social, emotional, and behavioral screening tools for Head Start and Early Head Start: http://ccf.edc.org.

Patti asked the question: If we do needs assessment and identify needs, who take the lead in reaching out to take action?

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Patti asked the AFMC representative at the meeting, Tabitha Lee, to investigate how many children are evaluated and referred for services but do not receive services due to the shortage of professionals (e.g. Ots, PTs, STs, MHPs). Tabitha, who is new to the agency, will contact others in her office to get this information.

Patti also asked: How do we get concrete numbers to determine needs and gaps. She noted that the time gap between identifying need and getting service was up to three months. Dr. Buchanan thought that there should be data, but he cautioned that needs and gaps may be different.

Jannie Cotton noted that some past efforts in terms of identifying resources. Where is that effort? There is the issue of who pays for services that are identified as needed, particularly in school settings. She noted that schools are reluctant to pay.

Question to think about: Is there some way to offer "something" that will provide an incentive to child care providers to do some type of screening?

There is a need to formulate how to go about doing a needs assessment. The interventions we are talking about may not be what is needed.

Agenda Item #3, Continued: Shared Goal – Screening – Assessment Tools	
Discussion: Better parenting skills may be needed more than some of the interventions. There are levels of needs. Dr. Buchanan suggested that a triage system is needed. Maybe we need to collect data to see what is missing. Most likely, child care settings are the best place to do triage (vs. MD offices). Patti presented a proposal she submitted to the American Psychiatric Association with DCCECE and the Division of Behavioral Health Services to train child care providers to screen children for social-emotional concerns, identify early indicators of mental health problems, and link child care programs with community mental health centers in a first step to developing the continuum of services. **(next column)**	The emphasis is on training and, with selected sites, technical assistance to build the link between child care and mental health. The proposal was submitted in May and awards will be made in July. If funded, it will further the effort of the statewide planning effort. It is a three-year project that you can repeat over and over again. Patti stated that we elicit bad behavior but don't do a lot of things to support positive behavior. On screening and what to do after screening: Carol Lee spoke about early child care screening results that CASSP did about expulsion. Dr. Prince noted that private providers were excluded from this survey. When asking questions about data, private providers are typically not included in those screenings. We need to be more inclusive in those type of studies.
TASKS: **Martha will obtain a copy of the Eldon Schulz material for distribution to both Work Groups and review at the next joint meeting.**	
Agenda Item #4: AECCS and Strengthening Families Update – Martha Reeder	
Discussion: The **AECCS** planning grant reapplication was completed and sent in on time. Martha expressed thanks to all the folks for helping to provide the needed information. The RFP guidance that came out had some information about expectations—17 components that all final plans must address. We will be developing a plan over the next six months. Any plan that comes out of our efforts must show how it affects the 17 items. The group gave Martha "kudos" for her efforts in preparing the planning grant reapplication. Some things will involve agency interventions, changes in plans, etc. We need to start the process. Several copies of the narrative were available for those interested. We have come a long way already and there have been lots of concrete things that have happened **(next column)**	The snapshots by each group were very helpful. These will be posted our on link at some point. There were some surprises in the guidance when it came out. We have six months to finish writing the plan. Some things have to represent systems and agency changes. We need to get this in place as much as possible to make it legal. That is just one hurdle that we have to accomplish. **Strengthening Families Initiative**. Martha expressed thanks and appreciation to all of the persons who were on the panel and those who attended the kick-off event for SFI. The brochure as distributed provides an overview of SFI. SFI intersections with AECCS. The two DHS leads in this project are DCCECE and DCFS. We want to make sure that on the child level, each child is getting what is needed.

Agenda Item #4, Continued: AECCS and Strengthening Families Update – Martha Reeder

Discussion: Approximately 130 Quality Approved centers were invited to apply to become one of the four promising practices programs (PPP). About 25-30 centers were represented at the kick-off event and provided the guideline information. Others who expressed an interest will be mailed the materials. We hope to cultivate some relationships in the four selected programs and make it as rich as it can be.

Every program that makes a PPP application is able to be part of the larger network. Their team will be included and able to participate in a web site and conversations with other programs across the U.S who have similar issues. The whole network will be invited for technical assistance. The Division will make some scholarships available for those programs that need to come to training opportunities. Parents and staff will work on some issues separately.

Martha introduced Sherri Jo McLemore as the other SFI contact person in Arkansas. She noted that Strengthening Families can be a catalyst for other efforts.

Concerning Screening: One method of screening was to give programs a choice from a list of approved screens. Some overlap between social-emotional issues and developmental issues.

Martha discussed how this effort ties together with our other efforts. Looking at the issue of quality:

? Developing a relationship at the community level for consultation with primary care setting (some sort of triage to discuss these topics.)

? Strengthen the four chosen programs by implementing screening programs and working on service delivery systems and aftercare.

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? Collect info about this and work on this relationship.

Dr. Buchanan suggested not giving choices in screening tools. Martha noted that this could be done as part of working with the four programs.

NICHQ Improvement Partnership Program. Information was presented on the grant to create state and regional improvement partnerships to promote child development and preventive services. We hope to make this application for $10,000 with a dollar to dollar match on this end. She asked everyone to review the application and give input and letters of support.

The application calls for a working partnership among all the partners to help improve conditions from birth to five. Five states just finished up working from birth to three. The next group will work from birth to five. NICHQ did not try to do the same things in all five states related to screening. They identified some screens that they thought appropriate and let them choose. They were able to process info as they gathered it.

The report talks about the difference between the developmental screening and the SEH screening. The domains cross over so much. They did not show any better information from one to another. NICHQ determined that both were about the same.

This money may enable us to convene the triangle (between the family, child care providers, and primary care physicians)--(convene the stakeholders).

The second thing would be to strengthen the four programs. SFI could deliver a screening document and work out the problems that exist. We could work the problems out using the four programs.

Agenda Item #4, Continued: AECCS and Strengthening Families Update – Martha Reeder

Discussion: This (joint) group would take some ownership of the agenda for the meeting (stakeholders meeting).

- One task would be choosing the screen and focusing on the four programs.
- Lots of ways to look at the sites.

Dr. Buchanan suggested that we have every program doing the same things. That decision will be part of the meeting. Martha encourages everyone to read the paper that came out in April that shows how the five states reacted to this. This shows controls and methodology, etc.

Patti participated in a conference call. She said that they were non-specific about the project. They were not looking for any particular things. They were wide open. They wanted it tailored made to their specific needs. As the applications come in and the readers meet and chose the programs. In the original group they made a checklist. They talked about making it geographically diverse and also looking for centers that fit the guidelines.

Patti suggested Baptist Health or other medical providers in the state to partner with as a way to identify focus of effort on the grant. Dr. Buchanan cautioned about the nuances of trying to change the community vs. changing the practice. Patti suggested that we should look at levels of intervention.

If the grant is received, we need to move quickly and convene the meeting in the early fall. This group would have heavy responsibility for the meeting agenda. It cannot be "wide" open.

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We need to chose the screen and four or five areas and bring in the partners from those communities. This is a trial to determine how we can take it statewide. This will be just a sample. We could formulate what the process is, trying it out. The meeting would get to the heart, but would get to it quicker because we would be working on a specific project.

Patti indicated that the piece we don't have it private providers. One of the pieces is insurers. We have never approached uninsured, insured, Medicaid kids.

Next steps in putting together a meeting of all stakeholders:

- Need to define how to make it worthwhile to physicians.

- CMEs, weekends, concrete, focused, perhaps burn a CD with a program for physicians.

Sherri Jo noted that there may be some intimidation in a joint meeting with child care providers and physicians.

- Good facilitation will be important so that consumers are not intimidated by providers.

  - (key factor for medical home to be open and inviting.)
  - Building relationships and go through groups that already have relationships.
  - Get on program with AAP chapter meeting. (September 9-11 in Branston, MO. Mental health issues are always in issue.

Agenda Item #5: Adjournment and Next Meeting Date

There being no further business, the meeting was adjourned. Each group will have a short time alone.

Next Meeting: Thursday, July 21, 2005
1 – 3:30 p.m.
Freeway Medical Center – Room 605